

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1725

1. PLACE OF DEATH

61 County Macon
6 Township LaPlata
2 City LaPlata (No.)

Registration District No. 532

Primary Registration District No. 4318

File No.

Registered No. 1

St. Ward

2. FULL NAME

(a) Resident, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Irving

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 13 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

11

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

2

FATHER

13. NAME

Harry Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Margaret Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

Winifred Irving
LaPlata Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

LaPlata

DATE

Jan 5 1932

19. UNDERTAKER (ADDRESS)

D. H. Christie
LaPlata Mo

20. FILED

Jan 5 1932

G. H. Buckner
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 4 1932

22. I HEREBY CERTIFY, That I attended deceased from

Jan 4 1932, to Jan 4 1932

I last saw her alive on Jan 4, 1932. Death is said

to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy Cerebral
82-4
J. J. W.
Other contributory causes of importance:
(5)

Name of operation

What test confirmed diagnosis? The Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

W. M. P. Jones M. D.
Callan Mr.

